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*Counsel for Arthur Steinberg, as Receiver  
 for Northshore Asset Management, LLC, et al.*

UNITED STATES DISTRICT COURT  
 SOUTHERN DISTRICT OF NEW YORK

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SECURITIES AND EXCHANGE COMMISSION	:
Plaintiff,	:
-against-	:
Civil Action No.	
	05-CV-2192 (WHP)
NORTHSORE ASSET MANAGEMENT et al.,	:
Defendants.	:
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ARTHUR STEINBERG, as Receiver for	:
Northshore Asset Management, LLC, et al.,	:
Plaintiff,	:
-against-	:
Civil Action No.	
	06-CV-5024 (WHP)
UNIVERSAL GENESIS STRATEGIC	:
HOLDINGS, INC. et al.	:
Defendants.	:
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
LEO SPHIZ, : 06-CV-5564 (WHP)  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
RICHARD WHARTON, : 06-CV-5565 (WHP)  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
JIM PORTER, : 06-CV-5566 (WHP)  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
MELVIN NEWMAN, : 06-CV-5567 (WHP)  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
WALTER SCHWAB, : 06-CV-7770 (WHP)  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
GLENN SHERMAN, et al., : 07-CV-1001 (WHP)  
Defendants. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
BLOOMBERG, L.P. et al., : 07-CV-1208 (WHP)  
Defendants. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
BOMBARDIER TRUST (CANADA) et al., : 07-CV-1212 (WHP)  
Defendants. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
Plaintiff, :  
-against- : Civil Action No.  
FONDATION J. ARMAND BOMBARDIER, : 07-CV-1217 (WHP)  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
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Plaintiff, :  
:  
-against- : Civil Action No.  
:  
JOEL ASH, : 07-CV-4832 (WHP)  
:  
Defendant. :  
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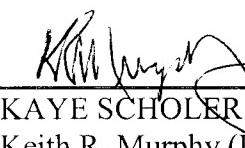
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
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Plaintiff, :  
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-against- : Civil Action No.  
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STEPHEN A. ALDERMAN, : 07-CV-4833 (WHP)  
:  
Defendant. :  
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ARTHUR STEINBERG, as Receiver for :  
Northshore Asset Management, LLC, et al., :  
:  
Plaintiff, :  
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-against- : Civil Action No.  
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FONDATION LUCIE ET ANDRE CHAGNON, : 08-CV-2390 (WHP)  
:  
Defendant. :  
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**SUGGESTION OF DEATH**

Keith R. Murphy, counsel for Arthur J. Steinberg, Receiver of Northshore Asset Management, LLC, Ardent Research Partners L.P., Ardent Research Partners, Ltd. and Saldutti Capital Management, L.P., suggests upon the record, pursuant to Federal Rule of Civil Procedure 25(a), the death of Glenn Sherman, a defendant, during the pendency of this action. Attached hereto is a copy of a certified copy of the Medical Certificate of Death filed with the City of Chicago, Illinois Department of Public Health, Bureau of Vital Records.

Dated: New York, New York  
March 21, 2008



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Michael D. Messersmith, Esq.

Counsel to Arthur J. Steinberg, Receiver  
of Northshore Asset Management, LLC,  
et al.

BIRTH NO.	REGISTRATION DISTRICT NO.	18.10	STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					630954	
DECEDENT'S NAME		FIRST	MIDDLE	SUFFIX	DATE OF DEATH (MONTH, DAY, YEAR)			
Glenn A. Sherman Jr.		A.		Jr.	3 August 11, 2007			
COUNTY OF BIRTH		AGE - UND	UNDETERMINED	UNDETERMINED	BIRTH (MONTH, DAY, YEAR)			
Cook		5a. 45	5b. 50	5c. 55	August 1, 1966			
CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER		HOSPITAL AND OTHER INSTITUTION - NAME (STREET AND NUMBER)					IF HOSP. OR INST. INDICATE D. O.W.M., P.M. INPATIENT (SPECIFY)	
8a. Chicago		6a. Northwestern Memorial Hospital					6a. Emer. Room	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER ARMED FORCES?	
7. Pontiac, MI		8a. Married		8b. Lori S. Gutmann			9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY			EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 381-86-9242		11a. Entrepreneur		11b. Financial			12. 1	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP., OR ROAD DISTRICT NO.		13. INSURABILITY (YES OR NO)			13a. 13b. 13c.	
13a. 550 N. Kingsbury St. Apt. 606		Chicago		14b. XENO <input type="checkbox"/> YES			13d. 13e. 13f.	
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.)		14c. DISMEMBERED OR GRAFTED BODY PARTS			14d. COPY OF DEATH CERTIFICATE	
Illinois	60610	14a. White		14e. COPY OF MEDICAL RECORDS			14f. COPY OF POLICE REPORT	
13f.		14b. United States		14g. COPY OF AUTOPSY REPORT			14h. COPY OF FUNERAL HOME REPORT	
FATHER'S NAME		FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST	MIDDLE	(MAIDEN) LAST
15. Glenn		A.		Sherman Jr.	16. Johnny	A.	Fort	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO., OR P.O. BOX OR ZIP CODE)				
17a. Glenn A. Sherman Jr.		17b. Father		17c. 8745 Clark Rd., Chicago, IL 60618			17d. 48	
17e. 8. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		17f. Cause of death (b) Cerebral hemorrhage (c) Alzheimers		17g. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			17h. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A)		17i. DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral hemorrhage (c) Alzheimers		17j. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			17k. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	
PART II. OTHER MEDICAL CONDITIONS CONTRIBUTING TO DEATH/INJURY RESULTING IN MEDICAL RECORDS		17l. DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral hemorrhage (c) Alzheimers		17m. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			17n. DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	
DATE OF DEATH, INCLUSIVE		MAJOR FINDINGS OF DEATH		AUTOPSY (YES OR NO)			WERE AUTOPSY FINDINGS AVAILABLE FOR DETERMINATION OF CAUSE OF DEATH? (YES OR NO)	
21a. 2007		21b. No		19a. No			19b. No	
21c. DIED NOT IN HOSPITAL (THE DECEDENT WAS ALIVE ON THIS DATE)		21d. DATE OF MEDICAL EXAMINATION (TYPE OR PRINT)		21e. YES <input type="checkbox"/>			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
21a. 8/13/2007		21d. 21e. Yes		21f. NO			20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21g. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21h. HOUR OF DEATH		21i. DATE SIGNED			21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.	
22a. SIGNATURE		22b. ILLINOIS LICENSE NUMBER		22c. DATE OF DEATH			22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. Signature		22c. 08/15/2007			22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. Signature		22e. DATE OF DEATH			22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORIUM NAME		LOCATION				
24a. Burial		24b. All Saints Cemetery		24c. Waterford, MI			24d. STATE	
24e. FUNERAL HOME		24f. NAME		24g. STREET AND NUMBER OR P.R.F.D.			24h. CITY OR TOWN	
25a. Aero Removals		25b. 919 N. Garfield		25c. Lombard, Illinois			25d. STATE	
25e. FUNERAL DIRECTOR'S SIGNATURE		25f. Signature		25g. Clarissa Greene			25h. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25d. DATE FILED		25e. LOCATION		25f. Signature			25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.	
25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.		25e. Signature		25f. Signature			25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

CITY OF CHICAGO  
**DEPARTMENT OF PUBLIC HEALTH**